was followed by a train of symptoms exactly similar to those Dr. Madden had described, but it was impossible that the fluid was passed through the Fallopian tubes. Certainly, Dr. Madden was quite right in saying that vaginal injections were not perfectly free from danger. He (the President) greatly preferred a douche, similar to that spoken of by Dr. Madden, to the use of a vaginal syringe, and he had recently (acting on a suggestion of Dr. Emmett, of New York) carried out that plan extensively. Dr. Emmett advocated strongly this vaginal irrigation with water, varying from 95° to 105° of temperature.

Dr. McClintock observed that every one who dabbled in gynæcology thought he was perfectly safe in practising vaginal injection. Dr. Madden, however, had given them another instance of what they were all familiar with, that the simplest remedies and operations, apparently the safest, will in rare and exceptional cases prove highly injurious or even dangerous to life; and instances might be given where even a small incision had been followed by death. But the occurrence of such rare instances ought not to deter us from the use of any remedy, whether surgical or therapeutical. They could not speak positively as to the cause of the alarming symptoms described by Dr. Madden. They never could know whether any of the fluid went into the cavity of the uterus or not. All they could say was that such was possible, and, in Dr. Madden's case, the circumstances were highly favourable for the entrance of the fluid into the uterine cavity, as the lady had only been three weeks confined, the os was patulous, and the uterus prolapsed. Hitherto he (Dr. McClintock) had been in the habit of telling his patients that they might use the syringe freely, and that it could not do any possible harm; but now he saw such a direction would not be always a safe one. He had seen sharp pain follow an injection, but no serious consequences. He could quite understand that when the injection was introduced cold it might be injurious, and he had generally told his patients to use it tepid and gradually reduce the temperature. He had an opportunity of seeing the case which Dr. Madden had brought under their notice, and he agreed in Dr. Madden's diagnosis. There was no doubt whatever but that she had a dangerous attack of metro-peritonitis following the use of the injection, and evidently produced by it. The case was, therefore, very striking and remarkable, and should be kept before their recollection.—*Dublin Journ. Med. Science*, March, 1875.

67. *Fibro-cystic Tumours of the Uterus.*—Dr. Thomas Keith, the skilful Edinburgh ovariotomist, records (*Lancet*, May 15, 1875) three cases of successful removal of fibro-cystic tumours of the uterus.

He remarks that "In the first of these three cases there was a mistake of diagnosis as to the nature of the tumour. It is the only one of 194 operations. Hitherto I had the good fortune to avoid cases of soft fibrous and fibro-cystic tumours of the uterus. But as it has happened to all who have performed ovariotomy many times to come down upon a fibro-cystic tumour of the uterus instead of an ovarian tumour, I knew that I could not always escape; and for many years I have never gone to perform ovariotomy without being at the same time prepared to remove the uterus if necessary. Fortunately in this case the surgical treatment required was the same, for large fibro-cystic tumours of the uterus often kill as rapidly as do ovarian tumours.

"These are the only cases in which I have interfered with uterine tumours by abdominal section. They are, however, enough to satisfy me that the removal of an enlarged uterus and ovaries is an operation not to be lightly undertaken. Without the knowledge that ovariotomy has given me, the results would probably have been different. Even as it was, in the second case the hemorrhage was so profuse that the patient was pulseless in a few minutes after the operation was begun. The personal attention afterwards necessary was, in each, greater than in half a dozen average cases of ovariotomy; while the third had such profuse secondary hemorrhage seven days after operation, that had I not, by mere accident, been on the spot almost immediately after the alarm was given, the patient must have died in a few minutes.

"During the last twelve or fourteen years, I need hardly say, a large number of uterine tumours of all kinds have passed through my hands; and the advice hitherto given has been to let them alone, either because interference was unnecessary or because their removal was too dangerous. Of course I do not allude to submucous tumours that could be reached by the vagina. I might have removed scores of pedicellated fibroids which, surgically speaking, were very tempting; but in these, nothing but almost absolute safety of operation could have justified interference, and they were all declined, though I was often pressed hard to operate. The melancholy results that have hitherto followed the performance of this operation amongst us forbade interference, even when necessary, under the most favourable circumstances, far more in those dangerous cases of large, quickly growing, soft fibroids or fibro-cysts. Though the greater number of uterine tumours—if not malignant—give little trouble, rarely interfering with life, and often not even with the comfort of the patient, yet in a certain number they cause the subjects of them to lead useless, dependent, miserable lives, full of suffering, ending only with life. I hope the time is not far distant when many of these unfortunates will look to surgery for relief with as much confidence as those afflicted with ovarian disease now do."

68. *Cancer of the Ovary.*—Dr. FOULIS read a paper on this subject before the Medico-Chirurgical Society of Edinburgh, which forms a valuable contribution to the diagnosis of morbid growths. After noticing the researches of Waldeyer on the development of the ova and ovary, he stated shortly his own investigations on the development of the ovary and Graafian follicles.

In the human fœtal ovary he had been able to trace that, by the growth of processes of stroma up between the germ epithelial corpuscles, large and small masses of the latter become embedded in the stroma of the ovary in the manner described by Waldeyer. All the embedded corpuscles are potentially ova, though many of them never reach that stage of development. The stroma of a seven months' human fœtal ovary consists almost entirely of connective tissue corpuscles. Little processes of the stroma made up of such corpuscles grow in between the embedded ovigerms, and as the latter become conspicuous by their size, the processes thicken between them, and at last each young ovum is gradually shut up in a separate mesh or Graafian follicle. The epithelium of the follicles or tunica granulosa is produced in the following way. As each young ovum becomes inclosed in a mesh of the stroma in the way just described, connective tissue corpuscles in the walls of these primordial follicles lie in close contact with the protoplasm or yelk substance which is produced round the germinal vesicle of each ovum during its development. The nuclei of these connective tissue corpuscles swell up, and by constant division at last produce a perfect capsule round the ovum, consisting of small cells. In all parts of the ovary, wherever germ epithelial cells are developing into ova, connective tissue corpuscles are found lying in close contact with their protoplasm or yelk substance, and the nuclei of these corpuscles swell up, and by constantly dividing, produce the small cells which constitute the follicular epithelium or tunica granulosa of the Graafian follicles. Dr. Foulis thus shows that, while all the ova are derived from the germ epithelium corpuscles, the follicular epithelial cells are part of the stroma, and are derived from connective tissue corpuscles in the stroma of the ovary. At birth the human ovary contains not less than 30,000 Graafian follicles, and the epithelium cells of these are produced by the proliferation of connective tissue corpuscles in the stroma of the organ.

As the result of many investigations which he has made on the development of cystic tumours of the ovary, Dr. Foulis is of the opinion that although, in most cases, over-distension of Graafian follicles is the starting point of cystic tumours of the ovary, when the disease has once started, there is a formation of new cysts in the diseased organ which may go on to an unlimited extent. He has carefully traced the development of small cysts, often found in great numbers in the walls of parent cysts, and he believes that the epithelium of these little cysts is produced by the proliferation of connective tissue corpuscles in a manner very similar to that which takes place in the formation of the epithelium of healthy Graafian follicles. After stating that every cyst, how-